

## REMARKS

This amendment is responsive to the Final Office Action of July 29, 2008. Reconsideration and allowance of claims 8, 16, and 18 are requested.

### The Office Action

Claims 1-5, 7, 8, and 19 stand rejected under 35 U.S.C. §103 as being unpatentable over Rockwell (US 6,405,083) in view of Hamilton (US 2002/0055458).

Claim 6 stands rejected under 35 U.S.C. §103 as being unpatentable over Rockwell in view of Moore (US 7,231,258).

Claims 9-14, 16, and 17 stand rejected under 35 U.S.C. §102 or 35 U.S.C. §103 over Rockwell.

Claim 16 stands rejected under 35 U.S.C. §103 as being unpatentable over Rockwell in view of Moore.

Claim 18 stands rejected under 35 U.S.C. §103 over Rockwell in view of Matos (US 7,277,752).

### The Present Amendment Should Be Entered

The present amendment places dependent claims 8, 16, and 18 in independent form including the subject matter of their parent claims. Because a dependent claim is read as including all of the subject matter of its parent claim, placing a dependent claim in independent form incorporating the subject matter of its parent claims does not change the scope of the claim and does not raise issues which would require further search or consideration.

Moreover, the present amendment cancels many of the claims which reduces the issues on appeal.

Because the present amendment reduces the issues for appeal and raises no issues that would require further search or consideration, it is submitted that this amendment should be entered.

### The References of Record

**Rockwell** discloses a defibrillator which is connected with a radio telemetry link 299. The radio telemetry link 299 receives the ECG signal via infrared communications 300. The ECG signal is then transmitted via a radio link from mobile transceiver 302 to the base transceiver 304, which is connected to a computer

306 which processes, stores, prints, or otherwise processes the ECG signal. See, column 16, line 47 – column 17, line 54. Thus, the radio telemetry link transmits the live ECG signal collected from the patient to a remote location such as a hospital emergency department where the ECG waveform may be displayed in real time to an attending physician (column 16, lines 30-39).

The wireless communication network can also download the event summary 130 and the patient information to the computer (column 9, lines 25-35).

In the training mode of Figure 9 referenced by the Examiner, the defibrillator is used on a mannequin, which, of course, has no pulse or ECG signal. Instead, training scenarios 272 are downloaded to the defibrillator which supplies simulated ECG patterns for the defibrillator to analyze. Figure 9 makes no suggestion of communicating any spoken training instructions over the wireless interface. The speaker 232 provides substantially the same prompts to the operator as are displayed on the display 22, e.g., the “shock” prompt indicating that all is ready for the patient to be shocked.

The speaker 232 is illustrated as hard-wired to the control portions of the defibrillator and is located in the user interface on the defibrillator. There is no suggestion of moving the speaker 232 remote from the defibrillator, much less of using wireless communications between the speaker and the defibrillator.

In summary, although Rockwell does disclose wireless communications, the wireless communications send the event summary 130 to emergency medical personnel and are not part of a voice communication network between the defibrillator and the person using it. The voice communication via speaker 232 is hard-wired and is not wireless.

**The Claims Distinguish Patentably  
Over the References of Record**

**Claim 8** calls for transmitting voice prompts over a wireless protocol. The voice prompts are transmitted to a receiver embedded in head phones, a wireless telephone, or a PDA. Thus, claim 8 calls for wirelessly transmitting voice prompts between the defibrillator and head phones, wireless telephone, or PDA. By contrast, the speaker 232 of Rockwell which delivers the voice prompts is hard-wired to and mounted within the defibrillator. The wireless communications referenced in Rockwell communicate the event summary 130 including the ECG of the patient to

remote medical personnel. The wireless communications referenced by the Examiner do not transmit voice prompts.

Accordingly, it is submitted that **claim 8** distinguishes patentably and unobviously over the references of record.

**Claim 16** calls for a method of providing voice instructions to a user over a wireless protocol. Rockwell does not disclose or suggest sending voice prompts wirelessly to the speaker **232**.

Moreover, claim 16 calls for the voice prompts to include a voice prompt which instructs the user that a patient assessment is beginning. Rockwell does not disclose a method in which a voice prompt indicating that a patient assessment is beginning is transmitted to the user.

The Examiner applies no secondary or teaching reference against claim 16, relying solely on Rockwell.

Accordingly, it is submitted that **claim 16** is neither anticipated by nor obvious over Rockwell.

**Claim 18** calls for a voice generation circuit for generating audio prompts. Although the Examiner has set forth in detail where various elements of the claims are set forth, the Examiner notably fails to address the voice circuit which generates audio prompts.

Claim 18 further calls for a wireless transmitter coupled to the voice circuit for transmitting the audio prompts wirelessly. The wireless communication system of Rockwell communicates the events summary to remote medical personnel. It does not transmit audio prompts from the defibrillator device.

Claim 18 further calls for a wireless receiver embedded in a portable device which includes a head phone. The wireless receiver is wirelessly interconnected with the wireless transmitter. Although Rockwell discloses a speaker **232**, the speaker is mounted in the defibrillator in the user interface. Rockwell does not describe or fairly suggest that the speaker is part of head phones. Moreover, Rockwell does not describe or suggest connecting the speaker **232** to the rest of the defibrillator via a wireless communication protocol.

Accordingly, it is submitted that **claim 18** is neither anticipated by nor obvious over Rockwell.

Matos, referenced by the Examiner, does not cure this shortcoming of Rockwell. Although Matos suggests that head phones may be utilized as part of a

two-way communication with a central dispatcher or medical personnel, Matos fails to disclose or fairly suggest communicating wirelessly between the defibrillator and such head phones. Rather, the wireless communication referenced in Matos is the transfer of information between the defibrillator and medical personnel at a central station 300.

As described in the present application, this wireless communication protocol between the head phones and the defibrillator has numerous advantages relative to Rockwell or Matos. First, the claimed combination helps the user in a noisy environment to understand and follow instructions. For example, on a commercial aircraft, high levels of ambient noise tend to drown out voice instructions issued from a speaker in the defibrillator, such as the speaker 232 of Rockwell. Second, the voice prompts from a loudspeaker in a defibrillator will be picked up by the microphone and recorded along with other speech and noise, effectively overwriting portions of the event record and can disrupt or drown out a running commentary. Third, head phones provide for hands free operation, which enables the operator to have both hands free to operate the defibrillator and position the electrodes.

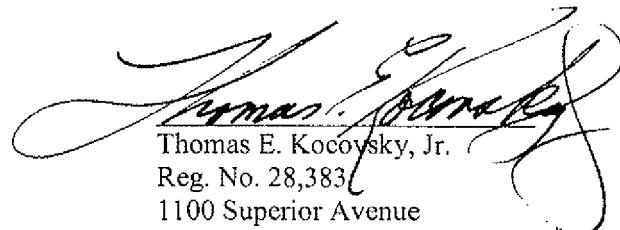
### CONCLUSION

For the reasons set forth above, it is submitted that claims 8, 16, and 18 distinguish patentably and unobviously over the references of record. An early allowance of all claims is requested.

In the event the Examiner considers personal contact advantageous to the disposition of this case, the Examiner is requested to telephone the undersigned at (216) 861-5582.

Respectfully submitted,

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